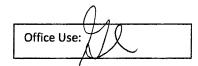


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information Date: 2/25/2016		
	Type: New Amended (if amending, enter MEC ID C081082 & section changed #3 & #6		
2. Committee Information			
_	CITIZENS TO ELECT GRAY		
	Name of Committee		
			()
	Committee Malling Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commissio	ners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Explo	oratory Political Party
2	Treasurer/Deputy Treasurer Information		
٥.	Teasure, Teasure Inc.		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
		()	()
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Rochelle Gray Deputy Treasurer's Name (If one appointed)		
	11845 Rollingsford Black Jack Mo 63033	/ 314 \ 477-0841	, 314 , 355-6789
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
	Additional Committee Information		
4.	Additional Committee Information		
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Addre	ess, City, State, & Zip
		Amend	me n!
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, Cl	ty, State, & Zip
	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	oack) No
5.	Official Bank Account Information (required by all committees)		
		•	A 49
	Name & Malling Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees must		
	Rochelle Walton Gray	(314) 477-0841	(314) 355-6789
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees Commi	support
	Election Date Office Soughty & Polificial Supplivision	Political Party	Support or Oppose
7	9/1/1/10/51	and complete this continu	
7.	Ballot Measure Supported or Opposed (campaign committees m	iust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
8.	Signature(s) Check certification(s) & sign (required by all comm	nittees)	
٥.			te true and accurate 1
	I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I in the recknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.		
	$\Delta = 0$ as $\Delta = 0$		
	Committee Treesurer WISSOURI ETHICS COMMISSI	Candidate Committees Only)	JIM J
	J U	/	

MO 300-1308 Packet (Rev. 11/2014) Form must be complete thin full & contin original signature(s), fax filings are not accepted.